

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>Sd</i>		
<b>FORMALITY REVIEW</b>	<i>H-S</i>	<i>865</i>	<i>7/19/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			<i>11-27-01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	Original
1	10-1-01
2	158
3	153
4	154
5	155
6	156
7	157
8	158
9	159
10	160
11	161
12	162
13	163
14	164
15	165
16	166
17	167
18	168
19	169
20	170
21	171
22	172
23	173
24	174
25	175
26	176
27	177
28	178
29	179
30	180
31	181
32	182
33	183
34	184
35	185
36	186
37	187
38	188
39	189
40	190
41	191
42	192
43	193
44	194
45	195
46	196
47	197
48	198
49	199
50	200

TAP (1110)

11-7-01

Claim	Date
Final	Original
51	10-1-01
52	158
53	153
54	154
55	155
56	156
57	157
58	158
59	159
60	160
61	161
62	162
63	163
64	164
65	165
66	166
67	167
68	168
69	169
70	170
71	171
72	172
73	173
74	174
75	175
76	176
77	177
78	178
79	179
80	180
81	181
82	182
83	183
84	184
85	185
86	186
87	187
88	188
89	189
90	190
91	191
92	192
93	193
94	194
95	195
96	196
97	197
98	198
99	199
100	200

Claim	Date
Final	Original
101	10-1-01
102	158
103	153
104	154
105	155
106	156
107	157
108	158
109	159
110	160
111	161
112	162
113	163
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

530  
09-19-01